

<hr/>		<b>UNITED STATES BANKRUPTCY COURT</b>
<hr/>		<b>DISTRICT OF NEW JERSEY</b>
IN RE:		
<u>CARL GAYNOR</u>	<b>Case No.:</b>	<u>19-24097</u>
<hr/>	<b>Hearing Date:</b>	<hr/>
<u>Debtor(s)</u>	<b>Judge:</b>	<u>MBK</u>

**CERTIFICATION OF DEBTOR(S) IN SUPPORT OF  
COVID-19 CHAPTER 13 PLAN MODIFICATION**

I[We], CARL GAYNOR am [are ] the debtor [s] in the above-captioned Ch. 13 case and make this Certification under penalty of perjury in support of the COVID-19 Chapter 13 Plan Modification filed separately on the docket on July 7, 2020

- 1) The Chapter 13 plan was originally confirmed by order entered on March 16, 2020
- 2) I was current with plan payments through April 2020
- 3) I was current with post-petition mortgage payments through June 2020 on property located at 1109 Hope Road, Tinton Falls, NJ 07712

[If not applicable, skip] [if more than 1 property add additional lines]

a) The mortgage payments referred to above are ☐ contractual payments ☒ adequate protection payments. [Check one]

b) I am current with post-petition real estate taxes on the property located at 1109 Hope Road, Tinton Falls, NJ 07712

☒ YES ☐ NO

c) I have current liability insurance on the property and can provide proof thereof.

☒ YES ☐ NO

4) If the confirmed plan includes a cram down on a mortgage, then answer the following:

a) I am current with post-petition real estate taxes on the property located at

N/A

☐ YES ☐ NO

b) I have current liability insurance on the property and can provide proof thereof.

☐ YES ☐ NO

5) I was current with post-petition auto payments through \_\_\_\_\_ on the following automobile(s). [If not applicable, skip]

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6) The change in my household income previously reported on Schedule I is \$ 6,696.15.  
My current household income is \$ 7,329.07. I have attached a current paystub or proof of the change in income to this certification. [Redact any personally identifiable information before docketing.] My current total household expenses are now \$ 7,090.00.

7) As a result of COVID-19 I have suffered a material financial hardship which has impacted me in the following way:

My wife made most of her money while working a lot of overtime (about 20-40 hrs of overtime per week) at Bayada Nurses before COVID-19. When Bayada started losing cases as a result of families canceling in-home nursing, my wife's hourly pay was cut and her work hours were reduced.

She recently left her full-time position at Bayada (but still accepts work on an as needed basis) for a more stable, but lower paying position at Meridian that does not offer any overtime pay. She currently takes care of COVID-19 patients at Meridian's facility and that has also hampered her ability to find additional work.

My wife makes less money now per month and her ability to make additional monies has evaporated as a result of COVID-19.

I hereby certify that the foregoing statements made by me are true to the best of my knowledge, information and belief. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Dated: 7/8/20

  
Debtor Signature

Dated: \_\_\_\_\_

Debtor Signature